

030104
21861Please type a plus sign (+) inside this box

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	TI-37042
First Inventor	Henry L. Edwards, et al.
Title	Focused Ion Beam Circuit Repair Using a Hardmask and Wet Chemistry
Express Mail Label No.	EV33324435US

U.S. PTO

22278
1879161

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)2. Applicant claims small entity status.
See 37 CFR 1.27.3. Specification
(preferred arrangement set forth below)

- Descriptive title of the Invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

[Total Pages

18

4. Drawing(s) (35 U.S.C. 113)

[Total Sheets

7

5. Oath or Declaration unsigned

[Total Pages

1

a. Newly Executed (original or copy)b. Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)i. **DELETION OF INVENTOR(S)**

Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

6. Application Data Sheet. See 37 CFR 1.76

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP)

of prior application No: _____

Prior application information:

Examiner: _____

Group / Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

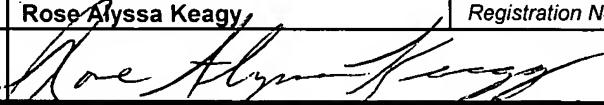
Customer Number or Bar Code Label

23494

(Insert Customer No. or Attach bar code label here)

Correspondence address below

NAME	Texas Instruments Incorporated			
ADDRESS				
CITY	STATE	TX	ZIP CODE	
COUNTRY	TELEPHONE	(972) 917-4167	FAX	(972) 917-4418

Name (Print/Type)	Rose Alyssa Keagy	Registration No. (Attorney/Agent)	Reg. No. 35, 095
Signature			Date 3/1/04

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL

for FY 2003

Express Mailing Label No.: EV333324435US

TOTAL AMOUNT OF PAYMENT (\$ 1,776.00)

Complete If Known	
Application Number	TBD
Filing Date	Herewith
First Named Inventor	Henry L. Edwards, et al.
Examiner Name	TBD
Group / Art Unit	TBD
Attorney Docket No.	TI-37042

METHOD OF PAYMENT

1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge to the following Deposit Account, Deposit Account Number 20-0668
Deposit Account Name Texas Instruments Incorporated
<input checked="" type="checkbox"/> Charge any additional fee required or credit any overpayment <input type="checkbox"/> Charge all indicated fees and any additional fee required or credit any overpayment
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	200	Extension of time within second month	
1253	950	2253	460	Extension of time within third month	
1254	1,480	2254	720	Extension of time within fourth month	
1255	2,010	2255	980	Extension of time within fifth month	
1401	330	2401	160	Notice of Appeal	
1402	330	2402	160	Filing a brief in support of an appeal	
1403	290	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	640	Petition to revive - unintentional	
1501	1,280	2501	640	Utility issue fee (or reissue)	
1502	460	2502	230	Design issue fee	
1503	620	2503	310	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1801	770	2801	370	Request for Continued Examination (RCE)	
1806	180	1806	180	Submission of Information Disclosure Stmt.	
8021	40	8021	40	Recording each patent assignment per property (time number of properties)	
1809	740	2809	370	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	740	2801	370	For each additional invention to be examined (37 CFR 1.129(b))	

2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	52	-20** = 1 x 18 = 576	
Independent Claims	8	-3** = 5 x 86 = 430	
Multiple Dependent		260 =	

**or number previously paid, if greater; For Reissue, see below

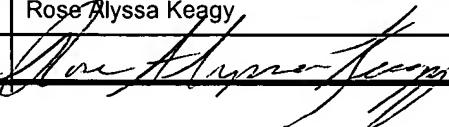
Other fee (specify) _____

Other fee (specify) _____

SUBTOTAL (2) (\$1,006)

SUBTOTAL (3) **0**

*Reduced by Basic Filing Fee Paid

SUBMITTED BY	Complete (if applicable)		
Typed or Printed Name	Rose Alyssa Keagy	Reg. Number	35,095
Signature		Date	3/1/04
		Deposit Account User ID	